Name in Full — Certificate of Death

Amelia A Birckhead

Died at Town Salisbury County Wicomico MARYLAND

Date 1898 Month Oct. Day 25 | Age Y. 23 M. D. —— | Native of Md. | Occupation Service

Male [✓ Female] | White [✓ Colored] | [✓ Married] Single | Widow Widower | Divorced | Number of children living 1

Husband/Wife of Chas. A. Birckhead

Father's Name Parnell Evans | Mother's Name Josephine Evans

Cause of Death Primary Typhoid Fever | How long sick 4 weeks

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Edwin [illegible]

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Randolph Parsons Humphreys

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 189 7 Month 10 Day 17 Age Y. 24 M. 6 D. Native of Md Occupation Steam Ho. Heating

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Eugene W. Humphreys Mother's Name Josephine Parr

161

Cause of Death Primary Unknown How long sick 3 mos

Immediate

Accident, Suicide, Homicide

Reported by E. W. Humphreys, M. D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Mattie Johnson Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1898 Month October Day 1 Age Y. 4 M. 11 D. Native of Salisbury Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ or ~~Wife~~ Child of Wm J Johnson

Father's Name Wm J. Johnson Mother's Name Lidie Johnson

Cause of Death Primary Meningitis 39a How long sick 1 month

Immediate Accident, Suicide, ~~Homicide~~

Reported by F. M. Slemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, C5968

Name in Full Elisha Elton Parker

Certificate of Death

Died at ~~Town~~ County Wicomico MARYLAND

Date 1898 Month oct Day 30 Age Y. 7 M. D. 22 Native of md. ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John W Parker

Mother's Name Margeret E. Parker

Cause of Death Primary teething 161

How long sick 10 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by Joshua R Farlow md.

Address Pittsville Wicomico Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

no doctor in attendance

J R Harlan
undertaker

Name in Full

Certificate of Death

Harry Vickers

Died at Town Allen County Wicomico MARYLAND

Date 1898 Month Oct Day 7

Age Y. 7 M. 3 D.

Native of

Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

42

Father's Name C. C. Vickers

Mother's Name Girtie Vickers

Cause of Death Primary Congestion brain

Immediate

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by J. G. T. Long

Address Allen Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.